

Online reporting – eSchedules Amending payment location codes on your existing user account

Please complete the fields below.

- **Independents and Franchises** complete Parts 1 and 3
- **Registered Body Corporate Organisations** Parts 1, 2 and 3

Part 1 – User details.

Name and User ID	Email address	Signature (by hand)	Date

Part 2 – Registered Body Corporate Organisations only (excluding franchises)

Once completed, return this form by
Email to NSS.psd-customer-admin@nhs.scot – mark 'Ophthalmic eSchedule Signatory Form' in subject field. **DO NOT SEND THIS BY POST.**

If you are a registered Body Corporate Organisation, all requests must be counter signed (below) by the owner, director or head of the relevant business area.

The counter signatory must submit the form and confirm they will be responsible for authorising all requests and advise of account closures

Authorised by _____
 Designation _____
 Signature _____
 Date _____

Part 3 – Please include all payment location codes that you need to amend.

Payment location		Trading name and address	Last 4 digits of account number where schedule payment is made	Please enter the amount paid on each of the last two schedules you have received from us to add a Payment Location		GOC number if a registered Body Corporate Organisation
Add	Remove			Schedule total 1	Schedule total 2	

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